

ISSUE SLIP STAPLE AREA (for additional cross references)

	POSITION	INITIALS	ID NO.	DATE
FEE DEDUCTION				
O.L.P. FORM	ASSURER			
FORM	REVIEW			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
✓	Canceled	A	Appeal
✓	Restricted	O	Objected

Class	Final	Original
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Chain		Data
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Claim		Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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